

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90169 002 ****61.25

DOCUMENT # N94000003588					
1. Entity Name MENTAL HEALTH ASSOCIATION OF OKALOOSA/WALTON COUNTY, INC.					
Principal Place of Business 571 MOONEY ROAD, NE FORT WALTON BEACH, FL 32547 US			Mailing Address 571 MOONEY ROAD, NE FORT WALTON BEACH, FL 32547 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent BARR, VIRGINIA GLYNN 641 HWY 98 WEST MARY ESTHER, FL 32569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$61.25 Due by May 1, 2008 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> <div style="width: 10%;"> <input type="checkbox"/> </div> <div style="width: 30%;"> Make check payable to Florida Department of State </div> </div>					
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD CULBRETH, DEBBIE 19 MEIGS DR SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete	TITLE	Vice President King Vaughan 3 NE Pembroke Pl FWB, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD SMITH, J.E. 1141 WINGED FOOT DR NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer Alan Gieseeman 1005 Mar Walt Dr. FWB, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD PAPPAS, JEFF 45 BEAL PKWY. FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE	Secretary Dr. Jean Woo 13B Staff Dr. NE Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GILLEY, BARBARA 250 MIRACLE STRIP PKWY MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD FRAZIER, GLORIA 1270 N. EGLIN PKWY SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE	President Frazier, Gloria 11 Grandview Dr. Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ED BARR, VIRGINIA GLYNN 641 HWY 98 WEST MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Virginia Glynn Barr</u> <u>Virginia Glynn Barr ED 4-29-08</u> <u>850-244-1040</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					